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IMAGES IN CARDIOLOGY

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Value of multidetector cardiac CT in calcified constrictive pericarditis for pericardial resection

A 58-year-old man presented with a one month history of progressive dyspnoea, orthopnoea, and abdominal distension. He had no previous pericarditis or pulmonary tuberculosis. The patient was in sinus rhythm with tachycardia. The chest x ray (lateral view) showed dense pericardial calcification (upper panel, left) which was more evident upon multidetector computed cardiac tomography (MCDT) (upper panel, right).

Echocardiographic features of constrictive pericarditis were present. The patient underwent cardiac catheterisation and showed equalisation of diastolic pressures between the left ventricle and right ventricle. Pericardiectomy was planned and an MDCT was performed which showed asymmetric degree of pericardial thickening and calcification. The maximal pericardial calcification in our patient was predominantly over the right atrium and ventricle, diaphragmatic surface, and atrioventricular grooves (lower panel). This case shows the advance that MDCT represents as a complementary technique in the imaging of calcified constrictive pericarditis. Three-dimensional reconstruction using volume rendering and reformatted techniques produced excellent visualisation of the distribution of calcium, morphology and adjacent structures.

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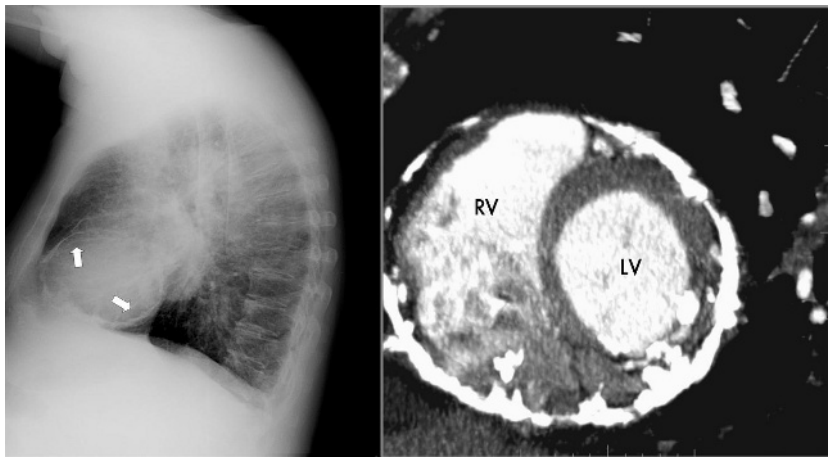
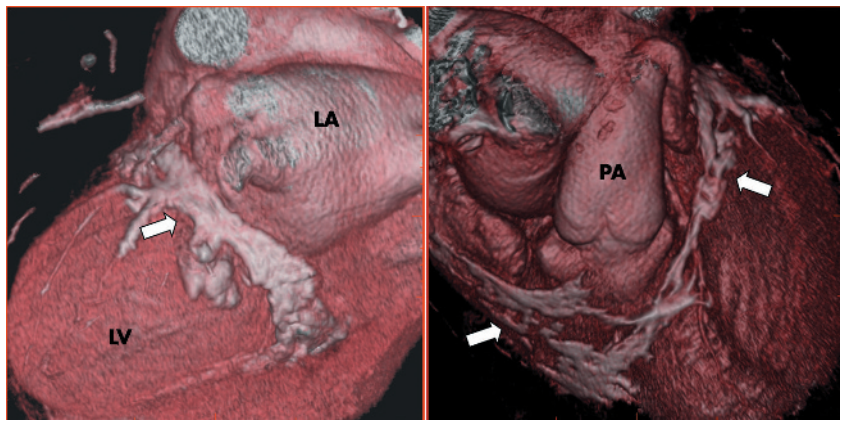


Left: Chest *x* ray (lateral view) showing dense pericardial calcification (arrows), confirmed by the multidetector computed cardiac tomography reformatted short axis view (right). LV, left ventricle; RV, right ventricle.



Volume rendering reconstruction of cardiac structures showed dense pericardial calcification predominantly over the right atrium and ventricle and atrioventricular grooves (arrows). LA, left atrium; LV, left ventricle; PA, pulmonary trunk artery.